

921 SAW MILL RUN BOULEVARD PITTSBURGH, PA 15220-5307 TELEPHONE 412-381-3622 FACSIMILE 412-381-6271

December 21, 1999

Ms. Grisell V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region III
290 Broadway, 19th Floor
New York, NY 10007-1866

Re:

November 1999 Discharge Monitoring Report

Leachate Treatment Plant, Operable Unit 1

Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The November 1999 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by U.S. Filter Operating Services is attached. We will provide copies of the DMR to Ian Curtis and Susan Dietrick at the NJDEP.

Should you have any questions concerning the DMR or other site items, please contact me or Glenn Grieb at the Kin-Buc site.

Very truly yours, USFilter Operating Services On behalf of SCA Services, Inc.,

Dennis J. Duryea, P.E.

Area Manager

Enclosure

cc: Ian Curtis - NJDEP

Susan Dietrick - NJDEP Stephen Joyce - SCA

Carl Januszkiewicz - Waste Management

Glenn Grieb - USFOS, Kin-Buc

LICENSED OPERATOR

Name (Printed)

Signature

Grade & Registry No.

Dennis J. Duryea

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

		NJPDES NO. *NJ Permit Equivalent	REPORTING PERIOD M o. Y r. M o. 1 1 9 9 1 1 1	У г. 9 9	
PERMITTEE;	Name:	SCA Services, Inc.		· · · · · · · · · · · · · · · · · · ·	
	Address:	383 Meadow Road Edison, New Jersey 08817			
FACILITY:	Name:	Kin-Buc Landfill			
	Address:	383 Meadow Road			
		Edison, New Jersey 08817			
	Telephone:	732-572-4743			
FORMS ATTACHED	(Indicate Quantity	of Each)	Operating Exceptions		
SLUDGE REPORT-S T-VWX-007	ANITARY T-VWX-008 T-VV	/X-009	DYE TESTING	YES	NO X
EPA Form 3320-1				_	
ELLIDGE DEBORT D	AIDLICTDI A I		TEMPORARY BYPASSING		<u>x</u>
SLUDGE REPORT-II T-VWX-010A			DISINFECTION INTERRUPTION		<u>x</u>
WASTEWATER REF	PORTS T-VWX-012 T-VW	/X-013	MONITORING MALFUNCTIONS	_	<u>x</u>
GROUNDWATER RI			UNITS OF OPERATION		<u>x</u>
	T-VWX-016	T-VWX-017	OTHER	_	<u>x</u>
NPDES DISCHARGE X EPA Form 3320-1			(Detail any "Yes" on reverse side in appropria	ate space.)	
-			NOTE: The "Hours Attended at Plant" on the this sheet must also be completed.	e reverse of	
or supervision in accor or those persons direct and belief, true, accura	rdance with a system de tly responsible for gathe ate, and complete. I am	esigned to assure my inquiry of the pers	chments were prepared under the direction son or persons who manage the system ubmitted is, to the best of my knowledge ies for submitting false information,		

PRINCIPAL EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE

Dennis J. Duryea

Plant Operations Manager

Name (Printed)

Title (Printed)

Signature

OPERATING EXCEPTIONS DETAILED None		
None		
None		
HOURS ATTENDED AT PLANT MONTH 1 1 YEAR 9 9	1	
HOURS ATTENDED AT PLANT MONTH [1 1 YEAR 9 9	J	
,		
Day of Month 1 2 3 4 5 6 7 8 9 10 11 12 13	14 15	16
Licensed Operator	0 8	8

18 19

8 0 0 8 8

20 21

22 23 24 25 26

8 0 4

16 0

27 28 29

5

8

30 31

8

Day of Month

Licensed Operator

Others

NAME ADDRESS

SCA SERVICES, INC. 383 MEADOW ROAD EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN:

KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY 99 11 01 YEAR MO DAY 99 11 30

PARAMETER		QL	JANTITY OR LOADING			QUALITY OR CONCENTRAT	ON		NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW	SAMPLE MEASUREMENT	17186	30320	MGD	****	*****	****	***	0	continuous	flow meter
	PERMIT RECUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
PH .	SAMPLE MEASUREMENT	,		***	7.8	******	8.14	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*******	******		60	******	9.0			weekly	grab
PETROLEÚM HYDROCARBÓNS	SAMPLE MEASUREMENT			***	*****	<0.5	<0.5	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	****	****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	2.34	3.23	kg/day	****	54	94	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		1191 142 ***********	REPORT	ONLY			2/month	comp.
BOD-5 % REMOVAL	SAMPLE MEASUREMENT			***	>94%			%	0	2/month	catc.
	PERMIT REQUIREMENT	****	*****		90	*****	******			2/month	calc
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<0.114	<0.114	kg/day	******	<1.0	<1.0	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT			***	4.6			mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	******	*******		4.0 MIN. INSTANT	*******	*******			weekly	comp.
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER		ve personally examined and am famil			7			TELEPHON	E	DATE .
Dennis J. Duryea, P.E. Division Manager		submitted herein, and based on my in the information, I believe the submitts there are significant penalties for sub imprisonment. See 18 U.S.C. 1001 8	mitting false information, including the	complete. I am awar e possibility of fine a	re that	SIGNATURE OF PRINCIPAL	Lugen	732 AREA	572-4743		99/12/21
TYPED OR PRINTED		include fines up to \$10,000 and or ma		nonths and 5 years)	-	OFFICER OR AUTHORIZED AGENT			NUMB	ER	YEAR MO DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS			ENTS HERE)								

NAME ADDRESS

SCA SERVICES, INC. 383 MEADOW ROAD EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ FACILITY LOCATION ATTN:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY 99 11 01 YEAR MO DAY 99 11 30

PARAMETER		QU	ANTITY OR LOADING			QUALITY OR CONCENTRATION	N		NO. EX	FREQUENCY	SAMPLE TYPE
	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
BENZENE	SAMPLE MEASUREMENT	<0.000216	<0.000216		*****	<2.3	<2.3	ug/L	0	. 2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		ann andre	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.000263	<0.000263	kg/day	******	<2.8	<2.8	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		****	142	380			2/month	grab
1,1 DICHLOROETHÈNE	SAMPLE MEASUREMENT	<0.000263	<0.000263	kg/day	******	<2.8	<2.8	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009	7	******	22	59]		2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.000263	<0.000263	kg/day	*******	<2.8	<2.8	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		******	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.000225	<0.000225	kg/day	******	<3.1	<3.1	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		****	52	164	1	,	2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.000414	<0.000414	kg/day	******	<4.4	<4.4	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004 REPORT	0.011		**********	28	74			2/month	grab
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.000235	<0.000235	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grag
	PERMIT REQUIREMENT	0.004	0.009	7	***************************************	25	60			2/month	grag
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		certify under penalty of law that I have personally examined and am familiar with the information							TELEPHO	NE	DATE
Dennis J. Duryea, P.E. Division Manager		submitted herein, and beased on my inquery of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accounts, and complete: I am evere that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 16 U.S.C. 1010. 4.5 U.S.C. 1319.				SIGNATURE OF PRINCI OFFICER OR AUTHORI	PAL EXECUTIVE .	AREA	572-4743		99 12 21
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOL	TIONS	Include tines up to \$10,000 and or maximum (REFERENCE ALL ATTA		ars)		OFFICER OR AUTHORI	ZED AGENT	CODE	NUM	IBER	YEAR MO DAY

NAME ADDRESS SCA SERVICES, INC. 383 MEADOW ROAD

EDISON, NEW JERSEY 08817

FACILITY LOCATION ATTN:

KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER DISCHARGE NUMBER

			MONITORING PERIOD				
YEAR	МО	ΓAΥ		YEAR	MO	DAY	
99	11	01	то	99	11	30	

	<u>-</u> -	OUA	NTITY OR LOADING			QUALITY OR CONCENTRATION	NÅ		NO.	FREQUENCY	SAMPLE
PARAMETER			THE OR EDADING								TYPE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	I I I I
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	0.000225	0.000225	kg/day	******	<2.4	<2.4	ug/L	0	. 2/month .	grab
	PERMIT REQUIREMENT	0.004	0.010		****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.000489	<0.000489	kg/day	****	<4.3	<4.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.000088	<0.000088	kg/day	******	<0.94	<0.94	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0,00052		****	1.72	3.43			monthly	grab
BENZO(Ä)ANTHRACENE	SAMPLE MEASUREMENT	<0.000084	<0.000084	kg/day	*****	<0.89	<0.89	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.000045	<0.000045	kg/day	****	<0.48	<0.48	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		6.0	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.000051	<0.000051	kg/day	****	<0.54	<0.54	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	REPORT	0,00052		****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.00086	<0.000086	kg/day	****	<0.92	<0.92	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		county exemined and am familiar with the infe	ormation or obtaining					TELEPHONE		DATE
Dennis J. Duryea, P.E. Division Manager		submitted herein, and bessed on my inquiry of those intrivibutes immediately responsible to obtaining the information, I believe the submitted information is true, accurate, and complete. I am swere that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 14 U.S.C. 1010 I.S.3 U.S.C. 1319. (Penaltic under these state			ese slalutes mey	stabulies may SIGNATURE OF PRINCIPAL EXECUTIVE ARE			572-4743		99 12 21
TYPED OR PRINTED		include fines up to \$10,000 and or maximum	· · · · · · · · · · · · · · · · · · ·	ears)		OFFICER OR AUTHORIZED AGENT CODE			NUMBI	ER	YEAR MO DAY
MMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHME	ENTS HERE)								

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT 001 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY 99 11 01 YEAR MO DAY 99 11 30

ATTN: CARL JANUSZNII	24102				99 11 01	」 □	99 11 30				
PARÁMETER			QUANTITY OR LOAD	DING		QUALITY OR CONCENT	RATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.000055	<0.000055	kg/day	******	<0.59	<0.59	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052			1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.000065	<0.000065	444	****	<0.57	<0.57	ug/L	0	1/week	grab
	PERMÎT REQUÎREMENT	REPORT	ONLY		****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000024	<0.0000024	kg/day	******	<0.025	<0.025	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		******	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.000011	<0.000011	kg/day	******	<0.1	<0.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.000034	<0.000034	***	****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*******	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.000034	<0.000034	***	*****	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.000034	<0.000034		******	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		******	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OF	OFFICER	I certify under penalty of law that I	have personally examined and am	familiar with the in	formation	7 \ 7			TELEPHON		DATE
Dennis J. Duryea, P.E. Division Manager		submitted herein, and based on my inquiry of those individuals immediately responsible for the information, I believe the submitted information is true, accurate, and complete. I am there are significant penalties for submitting fates information, including the possibility of imprisonment. See 16 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under			n aware that	SIGNATURE OF PRINCIPAL E	XECUTIVE X	732 AREA	572-4743		99 12 21
TYPED OR PRINTED		include fines up to \$10,000 and or	maximum imprisonment of between	6 months and 5 y	rears)	OFFICER OR AUTHORIZED		CODE	NUMB	ER .	YEAR MO DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACH	IMENTS HERE)								

NAME ADDRESS

SCA SERVICES, INC. 383 MEADOW ROAD EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL EDISON, NEW JERSEY CARL JANUSZKIEWICZ FACILITY LOCATION ATTN:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT 001 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD 30 YEAR MO DAY 99 11 01 то 99 11

						_					
PARAMETER		QU	ANTITY OR LOADING			QUALITY OR CONCENTRATIO	ON		ŅŌ. EX	FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
PCB-1260	SAMPLE MEASUREMENT	<0.000034	<0.000034	MGD	*******	<0.3	<0.3	ug/L	0	1/week	grab
	PERMIT REQUIREMENT:	REPORT	ONLY		******	REPORT ONLY	0.5(2)			weekty	gřab
ARSËNIC	SAMPUE MEASUREMENT	<0.0011	<0.0011	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.028		*********	85.8	172			weekty	, comp
CADMIUM	SAMPLE MEASUREMENT	<0.00057	<0.00057	kg/day	******	<5.0	<5.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		winnenna a	48.2	112			weekly	comp
CHROMÏUM	SAMPLE MEASUREMENT	<0.0011	<0.0011	kg/day	******	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		******	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.00026	0.00057	***	******	2.6	5.1	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		************	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.00057	<0.00057	***	*****	<5.0	<5.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		***************************************	REPORT ONLY	10			weeklý	comp
NICKEL	SAMPLE MEASUREMENT	0.0040	0.0060	kg/day	*******	39 -	96	ug/L	0	1/week	comp
	PERMIT RECUJIREMENT	0.140	0.281		******	924	1850			weekly	comp
			e personally examined and am familiar						TELEPHON	E	DATE
Dennis J. Duryea, P.E. Division Manager		submitted herein, and based on my inquiry of those individuals immediately responsible for obtain the information, I believe the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319.			are that and or these statutes may	SIGNATURE OF PRINCIPAL E		AREA	572-4743		99 12 21
TYPED OR PRINTED COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		include fines up to \$10,000 and or ma: (REFERENCE ALL ATTACHME	ximum imprisonment of between 6 mor ENTS HERE)	nths and 5 years)	·	OFFICER OR AUTHORIZED A	GENT	CODE	NUMB	ER	YEAR MO DAY

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NJ PERMIT EQUIVALENT 001 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY 99 11 01 YEAR MO DAY 99 11 30 TO

PARAMETER		QU	IANTITY OR LOADING			QUALITY OR CONCENTRATI	ON		NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
ZÍNC	SAMPLE MEASUREMENT	<0.0023	<0.0023	kg/day	******	<20	<20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		***	1170	2350			weekly	comp
CYANIDE	SAMPLÉ MEASUREMENT	<0.0011	<0,0011	kg/day	******	<10	<10	ug/L	0	1/week	comp
,	PERMIT REQUIREMENT	0.002	0.004		******	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0090	0.0113	kg/day	*****	80	171	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		na da sa	9240	18500		<u> </u>	weekly	comp
IRON	SAMPLE MEASUREMENT	0.0081	0.0114	kg/day	******	65	111	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		,	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT				>100%	******	40049000	%	0		
	PERMIT REQUIREMENT	******	AAAAAAA		50(3)	*******	*****			see permit	equivalent
	SAMPLE MEASUREMENT			***	********	*****	******		·	******	*****
	PERMIT REQUIREMENT				******	*******	*********			******	Anniohin
	SAMPLE MEASUREMENT				****	*******	*******			*****	******
	PERMIT REQUIREMENT	******	*****		***************************************					*****	******
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of taw that I have personally examined and am familiar with the in								TELEPHON	E	DATE	
Dennis J. Duryea, P.E.		the information, I believe the submitte there are significant penalties for sub- imprisonment. See 18 U.S.C. 1001 &	· ·	nplets. I am awa casibility of fine a (Penalties unde	re that	SIGNATURE OF PRINCIPAL E		AREA	572-4743		99 12 21
TYPED OR PRINTED		, ,	ximum imprisonment of between 6 mon	ths and 5 years)		OFFICER OR AUTHORIZED	AGENT 6	CODE	NUMB	ER	YEAR MO DAY
OMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMI	ENTS HERE)								